

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mt. Pleasant Correctional Facility

Name of Department or Office

1200 East Washington St.,

Mt. Pleasant, IA 52641

Mailing Address

319-385-9511

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen

Name

Same

Same

Mailing Address (if different from above)

Ron.Mullen@iowa.gov

City, State, Zip (if different from above)

Same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

August 2011

\$ 50.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

For offender Use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

9-8-11

Mt. Pleasant Correctional Facility

Aug-11

Date	Name	Address	Reason	Amount
8/6/2011	Julie Brook	1195 Elim Dr., Unit B, Marion, IA 52302	yarn shirts soap	\$30.00
8/19/2011	Julie Brook	1195 Elim Dr., Unit B, Marion, IA 52302	yarn shirts soap	\$20.00

Total Amount : \$ 50.00